PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)
FY 2007 *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	021819-000300US

Application Number 10/621,254	Filed July 14, 2003

For VACCINES USING PATTERN RECOGNITION RECEPTOR-LIGAND:LIPID COMPLEXES

Art Unit 1643	Examiner HOLLERAN, Anne L.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$
☐	Two months (37 CFR 1.17(a)(2))	$460	$230	$
☒	Three months (37 CFR 1.17(a)(3))	$1050	$525	$ 525
☐	Four months (37 CFR 1.17(a)(4))	$1640	$820	$
☐	Five months (37 CFR 1.17(a)(5))	$2230	$1115	$

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 . I have enclosed a duplicate copy of this sheet.
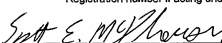
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the
☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
     Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 53,307

☐ attorney or agent under 37 CFR 1.34.
     Registration number if acting under 37 CFR 1.34

Scott E. McPherson (Signature)	November 16, 2007 (Date)
Scott E. McPherson, Reg. No. 53,307 (Typed or printed name)	858-350-6100 (Telephone Number)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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